PTO/SB/17 (07-06)

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	Complete if Known							
FEE TRANSMITTAL For FY 2005						09/743,750-Conf. #7730		
						March 22, 2001		
						Ichiro AZUMA V. L. Ford		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1645		
TOTAL AMOUNT OF PAYMENT (\$) 1,810.00			Attorney Docket No. 0020-4802					
METHOD OF P	AYMENT (check	all that apply)						
Check	Credit Card	Money Order	Nor	ne Other (please ident	ify):		
x Deposit Accou	unt Deposit Account f	Number: 02-2448	Deposit Acc	ount Name:	Birch, Ste	wart, Kolasch	& Birch,	LLP
For the abo	ove-identified depo	sit account, the I	Director is	hereby authorize	ed to: (chec	k all that apply)		
x Char	rge fee(s) indicated	l below		Charge	e fee(s) ind	licated below, ex	cept for t	he filing fee
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULA	TION		 					
1. BASIC FILING,	SEARCH, AND E	KAMINATION FE	ES					
	Small Entity Small Entity		EXAMIN	MINATION FEES Small Entity				
Application Type			Fee (\$		Fee (\$)	Fee (\$)	Fees	<u>Paid (\$)</u>
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIN	IFEES						Fee (\$)	Small Entity Fee (\$)
<u>Fee Description</u> Each claim over 20	0 (including Reiss	ues)					50	25
Each independent claim over 3 (including Reissues)							200	100
Multiple dependen				360	180			
				Paid (\$)	Mu	ıltiple Depende	nt Claims	
29 -31 = 0 x =				Fee	e (\$) <u>F</u>	ee Paid (<u>\$)</u>	
HP = highest number	of total claims paid for,	if greater than 20.						
Indep. Claims	Extra Claims	Fee (\$)	Fee F	Paid (\$)				
6 -6	= 0 ×							
3. APPLICATION S		paid for, if greater the	an 3.					_
If the specificatio	on and drawings ex 37 CFR 1.52(e)), to ion thereof. See 3	the application si	ze fee du	e is \$250 (\$125 f	onically fil or small en	ed sequence or outity) for each ac	computer Iditional 5	0
Total Sheets	Extra Sheets	s <u>Number</u>	, · · ·	dditional 50 or frac			Fee	Paid (\$)
4. OTHER FEE(S)	100 =	/50		(round up to a who	e number)	× •	F000	Paid (\$)
\ · · /	pecification, \$130) fee (no small er	ntity disco	ount)			1 663	raiu (\$)
	filing surcharge):	1801 Request	for cont	inued examinat sponse within th) (see 37		90.00 920.00
CUDMITTED BY		.200 Extendio		-ponoo munitu	G MONAT		- 1,0	
SUBMITTED BY Signature		\overline{CC}		Registration No.	36,623	Telephone	(703) 20	5-8043
	land I Nicall			(Attorney/Agent)	30,023	 - :		
Name (Print/Type)	الري lark الري lark					Date	October 1	11, 2006